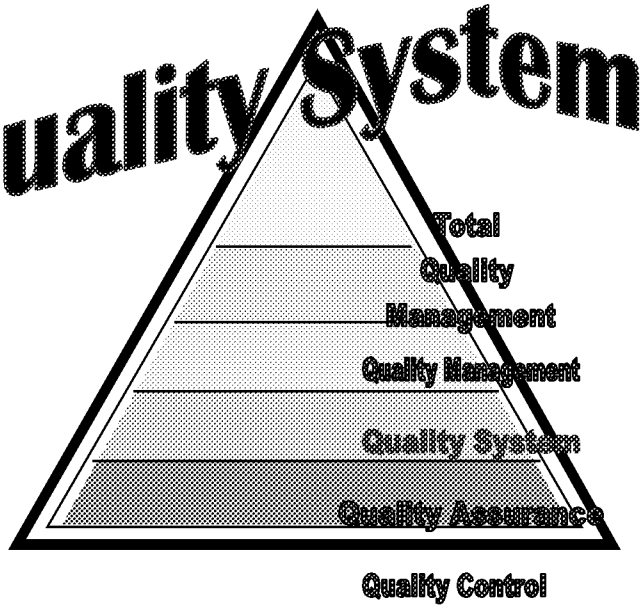
# Quality System Primer




# For All Laboratorians

## Tuesday, June 25, 2003

## 12:00 – 4:00 p.m.

State Laboratory Institute
305 South Street
Jamaica Plain, MA

### Speaker
### Anna J. DeMarinis, MA, MT(ASCP)

Ms. DeMarinis is a private consultant who provides regulatory, clinical and program evaluation consulting services. She is also an adjunct professor at Northeastern University in the Medical Laboratory Sciences Department.

## Program Description

This half-day basic program will introduce the laboratory professional to the fundamentals of a laboratory quality system.
Sessions will:

- Summarize the adaptation of ISO 9001 (Quality Management System) into a standards framework for organizing the laboratory quality system NCCLS Approved Guideline HS1-A (A Quality System Model for Health Care).
- Review the Quality System Essentials and identify strategies for fulfilling them.
- Discuss the roles of regulatory agencies and accrediting bodies in compliance oversight and implementation.
- Make suggestions for implementing a laboratory quality system.

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*Sponsored by:*

State Laboratory Institute
Massachusetts Department of Public Health

&

National Laboratory
Training Network

This program is free but pre-registration is required. Call Ext. 6608 to register, please state that you are registering for the Quality System Primer then leave your name and extention.

# National Laboratory Training Network
# REGISTRATION FORM

FORM APPROVED
OMB NO. 0920-0017
EXP. DATE 4//30/2003

**NAME AND ADDRESS OF APPLICANT (Please type or print.)**

| | | | |
|---|---|---|---|
| (Dr., Mr., Mrs., Miss) Ms. | (First)Sonja | (M.I.) J. | (Last)Farak |
| Social Security Number 037-56-9138 | | E-mail Address Sonja.Farak@dph.state.ma.us | |
| Position Title Chamist I | Length of Time in Profession 6 weeks | State Licensure | Certification/Specialty |
| Employer's Name<br>Masachusetts Department of Public Health | | Work Phone Number 617-983-6630 | |
| Address<br>305 South St. | | Work Fax Number | |
| City<br>Jamaica Plain | State MA | Zip or Country 02131 | |

**COURSE DESIRED**

| | | |
|---|---|---|
| **NE9203** | Date<br>**June 24, 2003** | Location<br>**Jamaica Plain, MA** |
| **Course Title** **Quality System Primer : For All Laboratorians** | | |

We also need to know your Social Security Number. This is voluntary and collected under

(Signature of Applicant) (Date)

*TYPE OF EMPLOYER*
Please review all categories before circling appropriate one.
(Circle one number.)

(01) State and Territorial Health Department
02 Other State & Territory Employer
03 Local, City or County Health Dept.
04 Other Local Government Employer
05 CDC
06 Other CDC Employer
09 U.S. Food & Drug Administration
11 U.S. Department of Defense
12 Veterans Administration Hospital
15 Other Federal Government Employer
16 Foreign Employer
17 Private/Community Hospital
19 College/University
21 Private Industry
23 Private Clinical Laboratory
24 Physician Office Lab/Group Practice
25 Hospital-State Funded
26 Hospital-City/County Funded
28 Health Maintenance Organization
30 Other

*OCCUPATION*
(Circle one number.)

01 Physician
02 Veterinarian
(04) Laboratorian
05 Nursing
06 Sanitarian
07 Industrial Hygienist
08 Administration
09 Water Treatment Operator
11 Safety Professional
12 Other

*EDUCATION LEVEL*
(Circle Highest Level Attained.)

01 Some High School
02 High School Graduate
03 Some College
04 Associate Degree
(05) Bachelor Degree
06 Masters Degree
07 Doctoral Degree-MD
08 Doctoral Degree-Other than MD
09 Technical/Hospital School
10 Other

THE FOLLOWING PRIVACY ACT STATEMENT IS APPLICABLE TO ALL INCLUDED FORMS NEEDING SOCIAL SECURITY NUMBER

The information requested on this form is collected under the authority of 42 U.S.C., Section 243. The requested information is used only to process and evaluate your application for training and may be disclosed (for verification purposes) to your employer, group leader, educational institution, etc. as necessary. An accounting of such disclosures will be furnished to you upon request. No applicant may receive continuing education credits unless a completed application form is received. Furnishing the information requested on this form, including your Social Security Number (SSN), is voluntary. The SSN is used for identity verification purposes and prevents the assignment of more than one identifying number to the same individual. If you do not wish to submit a SSN, CDC will assign a unique identifier.

Public reporting burden for this collection of information is estimated to average five minutes per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC /ATSDR Reports Clearance Officer, 1600 Clifton Road, N.E., MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0017).

CDC 32.1 REV 3/30/2000

**PAYMENT INFORMATION** **Fee: $35.00** **Registration Deadline: March 10, 2003**

**Payment Options (Please check one.)** **Credit Card Information**

| | | |
|---|---|---|
| | Enclosed is my check or money order payable to APHL. | Cardholder's Name (Please print.) |
| | Enclosed is a Purchase Order, please bill me. | Card Number |
| | Bill my Credit Card. | Expiration Date |
| (If using Credit Card, please circle one.)<br>American Express MasterCard<br>VISA | | Amount of Payment<br>Date<br>Signature |

**Mail to: NLTN, 305 South St., Boston, MA 02130-3597 or Fax to: (617) 983-8037**
**For further information call: (617) 983-6278**